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APPLICANTS

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** CONTINUING DATA *****
none R.S.

** FOREIGN APPLICATIONS *****
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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>Robert J. Suter</i>	INITIALS <i>R.G.S.</i>		

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TITLE
 Table top for a patient trolley with an armrest

FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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